



Division of Laboratory Services  
630 Hart Lane  
Nashville, TN 37216  
615-262-6300

<https://www.tn.gov/health/health-program-areas/lab.html>

**Disease/Agent Suspected or Test Requested:**

**Chikungunya**

<b>Provider Requirements</b>	<ul style="list-style-type: none"><li>• ROUTINE SAMPLES SHOULD BE SENT TO COMMERCIAL LABORATORIES.</li><li>• Testing of routine samples will not be performed.</li><li>• PRIOR CONSULTATION REQUIRED - REQUESTED through consultation with epidemiology only.</li><li>• Contact your <a href="#">local or regional public health department</a></li></ul>
<b>Acceptable Specimen Sources/Type(s) for Submission</b>	Serum and Urine
<b>TDH Requisition Form Number</b>	<a href="#">PH-4182</a> and <b>Decision Tree</b>
<b>Media Requirements</b>	Sterile, plastic screw capped vial.
<b>Special Instructions</b>	
<b>Shipping Instructions</b>	Ship <b>COLD</b> on cold packs.
<b>Laboratory Section Performing Testing</b>	<b>ROUTINE SAMPLES SHOULD BE SENT TO A COMMERCIAL LABORATORY FOR TESTING.</b>
<b>Lab Location(s) Performing Test</b>	Nashville <b>PRIOR CONSULTATION REQUIRED - REQUESTED through consultation with epidemiology only.</b>

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).